



FACT SHEET

Extended Care Paramedics

Extended Care Paramedics (ECPs) remain part of the emergency response capability of NSW Ambulance; They have an increased clinical role in: medical/clinical examination recognition and management of minor illness and minor injury presentations for the provision of definitive care and referral to community-based health services for a range of presentations.

What are the aims of ECPs?

To reduce unnecessary presentations to hospital Emergency Departments (EDs) to offer safe and effective healthcare choices to patients and improve clinical outcomes to reduce the number of contacts patients require to access appropriate care to improve ambulance operational performance to provide a more financially efficient service delivery model that delivers wider health system savings to add value to ambulance encounters, linking Triple Zero (000) callers with appropriate services.

What can ECPs do?

ECPs have been trained to identify the clinical needs of patients and determine the most appropriate disposition for the patient. ECPs have also been trained to assess and manage clinical risk.

ECPs follow a clinical-decision making algorithm which aims to identify patients with presentations requiring transport to an ED for further assessment and management. For patients with low-risk presentations, ECPs may be able to offer alternatives other than an ED.

Some patients will be referred to a GP while others may be referred to services provided by the Local Health District (LHD) or community-based services. ECPs can also provide immediate care for patients with presentations that fall within the ECP scope of practice.

What specific skills can ECPs perform?

ECPs are authorised to perform a range of extended skills. These include wound care including glue and sutures, catheterisation including supra-pubic, replacing gastric tubes, back slab plasters for immobilisation of upper limb injuries, reduction of certain dislocations, digital nerve blocks, otoscopy, Quick Screen falls assessments, urinalysis and pregnancy tests.

Some patients who access health care by phoning Triple Zero (000) may receive more appropriate care if treated on-scene. ECPs are a group of paramedics with the training to provide extended care for low-risk minor illness and minor injury presentations such as falls, lacerations, dislocations and UTIs.

What problems do ECPs target?

The broad priority areas for ECPs include aged care, aged care screening, falls risk assessment, wound assessment and management, minor injury presentations, minor illness presentations, and musculoskeletal and sporting injuries.

Problem descriptions that ECPs will commonly be dispatched to include:

- allergies/hives/medical reactions/stings
- animal bites/attacks
- assaults
- back pain (non-traumatic)
- breathing problems
- burns
- diabetic problems
- fitting/convulsions
- eye problems/injuries
- falls/back injuries (traumatic)
- haemorrhage/lacerations
- person ill (specific diagnosis)
- traumatic injuries (specific)

EXTENDED
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FACT SHEET – EXTENDED CARE PARAMEDICS

What problems can ECPs treat on scene?

If the patient has a low-risk presentation, an ECP may be able to provide care on the spot. ECPs can assess and manage a wide range of minor illness and injury presentations. Some specific problems include minor allergic reactions, asthma, back pain, mammal bites, minor burns, catheter problems, dislocations, falls in the elderly, urinary retention, urinary tract infections and wounds. The ECP scope of practice will continue to adapt over time to meet patient needs.

What medications can ECPs give?

In addition to standard NSW Ambulance pharmacology, ECPs can administer:

- amethocaine for pain relief of non-penetrating eye injuries
- ADT vaccine for tetanus-prone wounds
- antibiotics for mammal bites and UTIs
- paracetamol, ibuprofen, combined paracetamol with codeine, and oxycodone for pain
- prednisone and hydrocortisone, for moderate to severe asthma
- Telfast for minor allergic reactions
- Gastrolyte, an oral rehydration solution
- Ural for symptomatic relief in urinary tract infections

Does calling an ECP always result in non-transport?

No. ECPs are trained to comprehensively assess patients and determine the most appropriate treatment. Even if the presentation is within ECP scope of practice, not all cases may be suitable for the ECP to manage on the scene. This represents ECPs appropriately managing clinical risk. Each case will be unique and therefore decisions will be based on the circumstances of the case.

Non-transport rates (NTR)

ECPs achieve almost double the non-transport rate for urgent/unscheduled care cases when compared with standard care.

This increases with tasking of ECPs to low acuity cases, where the average NTR is 59.8 per cent – that is, 59.8 per cent of cases attended do not result in transportation to an ED. This is in contrast to the NTR for standard care, which sits at an average of 15 per cent. This higher NTR benefits both NSW Ambulance and the broader health system, as well as patients who are receiving the most appropriate care for their condition.

ECP clinical education program

The ECP Training Program offers a clinical school setting attached to a tertiary referral hospital. It is delivered within a multi-disciplinary faculty comprising medical, paramedical, nursing and allied health specialties and has been tailored for NSW in collaboration with NSW Health, LHDs, hospitals and GPs. ECPs are taught about clinical topics by specialists in their field.

The program comprises:

- 10-week initial training phase – students learn how to conduct full physical systems assessments, how to take extensive medical case histories, and participate in problem-based learning scenarios.
- Students undertake clinical placements with various allied health specialties including the Children's Hospital at Westmead, community health and nursing providers, in an ED and with a GP.
- A rigorous assessment process including observed structured clinical examinations and written exams.
- A 36-week ongoing education program involving work-based, portfolio and research components.
- Successful candidates receive their ECP qualification at the end of 36 weeks of clinical practice. They are then required to engage in a continuous development program.

Clinical Services

The ECP model has implemented a rigorous clinical governance framework. Every patient's health care record (non transport) is reviewed by a Clinical Services Team with cases attracting attention or representing to NSW Ambulance discussed at a monthly Monitoring and Safety Committee meeting. Every patient who is provided with an ECP care pathway is eligible for a callback for quality assurance and patient satisfaction purposes.

